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Bib Data Sheet

CONFIRMATION NO. 3027

|                                    |                                                           |                     |                               |                                         |
|------------------------------------|-----------------------------------------------------------|---------------------|-------------------------------|-----------------------------------------|
| <b>SERIAL NUMBER</b><br>09/744,628 | <b>FILING OR 371(c) DATE</b><br>06/01/2001<br><b>RULE</b> | <b>CLASS</b><br>702 | <b>GROUP ART UNIT</b><br>1631 | <b>ATTORNEY DOCKET NO.</b><br>P04885US1 |
|------------------------------------|-----------------------------------------------------------|---------------------|-------------------------------|-----------------------------------------|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/CA00/00605 05/25/2000  
 which is a CIP of 09/461,791 12/15/1999 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

CANADA 2,273,576 05/27/1999  
 CANADA 2,292,258 12/16/1999

**\*\* SMALL ENTITY \*\***

|                                                                                                                                       |                                   |                             |                           |                                |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no                                                     | <b>STATE OR COUNTRY</b><br>CANADA | <b>SHEETS DRAWING</b><br>13 | <b>TOTAL CLAIMS</b><br>18 | <b>INDEPENDENT CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                   |                             |                           |                                |
| Verified and Acknowledged                                                                                                             | Examiner's Signature              | Initials                    |                           |                                |

**ADDRESS**

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**TITLE**

IDENTIFICATION OF COMPOUNDS FOR MODULATING DIMERIC RECEPTORS

|                                   |                                                                                                                   |                                                                |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>FILING FEE RECEIVED</b><br>920 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                   |                                                                                                                   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                   |                                                                                                                   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                   |                                                                                                                   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                   |                                                                                                                   | <input type="checkbox"/> Other _____                           |
|                                   |                                                                                                                   | <input type="checkbox"/> Credit                                |